



Notice of Privacy Practices (NPP)
Effective July 1, 2015

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice of Privacy Practices (NPP), please contact the California Department of Veterans Affairs (CalVet) Chief Privacy Officer (CPO) at (916) 651-5042.

During the course of providing services and care to you, the California Veterans Home gathers, creates, and retains certain personal information about you that identifies who you are and is related to your past, present, or future physical or mental condition. This personal information is characterized as your Protected Health Information (PHI). This notice will tell you about the ways in which we may use and disclose information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your information.

The California Veterans Home is required by federal and state law to maintain the privacy of information that identifies you (with certain exceptions), to provide you with this Notice of Privacy Practices which describes our legal duties and privacy practices with respect to information about you and to follow the terms of the notice that is currently in effect. The California Department of Veterans Affairs (CalVet) will never sell your information.

OUR PLEDGE REGARDING MEDICAL AND/OR MENTAL/BEHAVIORAL HEALTH INFORMATION

- We understand that information about you and your health is personal.
- We are committed to protecting information about you.
- We create a record of the care and services you receive. We need this record to provide you with the quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by us, whether made by our personnel or your provider. Your provider may have different policies or notices regarding the use and disclosure of your information created in the provider's office or clinic.

WHO WILL FOLLOW THIS NOTICE

This notice describes the California Veterans Home's practices and that of:

- Any health care professional authorized to enter information into your health record.
- All departments, units, clinics, facilities, and offices.
- Any member of a volunteer group we allow to help you while you are a resident of the Veterans Home.



- All employees, staff and other personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share your information with each other for treatment, payment or health care operations purposes described in this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL AND/OR MENTAL/BEHAVIORAL HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

DISCLOSURE AT YOUR REQUEST

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

FOR TREATMENT

We may use information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, health care students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

FOR PAYMENT

We may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about treatment you received to your health plan so it will pay us or reimburse you for the treatment.

FOR HEALTH CARE OPERATIONS

We may use and disclose information about you for health care operations. These uses and disclosures are necessary to run our facility and make sure that all of our residents receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for you.

INCIDENTAL USES AND DISCLOSURES

There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.



MEMBERS OF OUR WORKFORCE

It is the California Veterans Home policy to allow members of its workforce to share residents' health information with one another to the extent necessary to permit them to perform their legitimate functions on the California Veterans Home's behalf. At the same time, the California Veterans Home will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its residents to have the confidentiality of their health information maintained.

BUSINESS ASSOCIATES

The California Veterans Home may contract with certain individuals or entities to provide services on its behalf. Examples include data processing/data exchange, quality assurance, legal or accounting services. We may disclose your health information to a business associate, only as necessary, to allow the business associate to perform its functions on behalf of the California Veterans Home. The California Veterans Home will have a contract with its business associates that obligate them to maintain the confidentiality of your health information.

APPOINTMENT REMINDERS

We may use or disclose information about you to inform you about appointments.

FUNDRAISING ACTIVITIES

We may use information about you for fundraising purposes, but only with a valid signed authorization from you.

VETERANS HOME COMMUNITY

We may disclose information about you for community meetings such as prayer meetings, award ceremonies or memorial services.

FAMILY MEMBERS OR OTHERS YOU DESIGNATE

If a request for information is made by your spouse, parent, child, or sibling and you are unable to authorize the release of this information, we are required to give the requesting person notification of your presence in our facility. Unless you request that this information not be provided, we must make reasonable attempts to notify your next of kin or any other person designated by you, for your release, transfer, serious illness, injury, or death only upon request of the family member.

FACILITY DIRECTORY

We may include certain limited information about you in a directory while you are a resident in our facility. This information may include your name, location in the home, your general condition (e.g., good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you and generally know how you are doing.



TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

DISASTER RELIEF

We may disclose information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

RESEARCH

Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition.

AS REQUIRED BY LAW

We will disclose information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

HEALTH INFORMATION EXCHANGE

We may share your health information electronically with other groups through a Health Information Exchange network. These other groups may include hospitals, laboratories, doctors, public health departments, health plans, and other participants. Sharing data electronically is a faster way to get your health data to the providers treating you. For example, if you travel and need treatment, it allows other doctors that participate to electronically access your information to help care for you. We are also involved in the Affordable Care Act and may use and share information as permitted to achieve national goals related to meaningful use of electronic health systems.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION

We may release information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.

MILITARY AND VETERANS

We may release information about you as required by military command authorities. We may use and disclose medical information about you to components of the United States Department of Veterans Affairs and other divisions of the California Department of Veterans Affairs to determine whether you are eligible for certain benefits.



WORKERS' COMPENSATION

We may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose information about you for public health activities. These activities may include, without limitation, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report regarding the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES

We may disclose information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

We may disclose mental/behavioral health information to courts, attorneys, and court employees in the course of conservatorship, and certain other judicial or administrative proceedings.

LAW ENFORCEMENT

We may release information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness and certain missing persons;



- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- To report abuse, neglect, or assaults as required or permitted by law
- To report certain threats to third parties;
- If the police bring you to our facility and ask us to test your blood for alcohol or substance abuse;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime;
- When requested by an officer who lodges a warrant with the facility; and
- When requested at the time of a patient's involuntary hospitalization.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about patients to funeral directors as necessary.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

We may release information about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

We may disclose information about you to authorized federal officials so they may provide protection to the President, elective constitutional officers and their families, or foreign heads of state or to conduct special investigations.

ADVOCACY GROUPS

We may disclose mental/behavioral health information to Disability Rights California for the purposes of certain investigations as permitted by law.

DEPARTMENT OF JUSTICE

We may disclose limited information to the California Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

MULTIDISCIPLINARY PERSONNEL TEAMS

We may disclose information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse or dependent adult and neglect.



SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information—e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

SENATE AND ASSEMBLY RULES COMMITTEES

We may disclose your information to the Senate or Assembly Rules Committee for purpose of legislative investigation.

PSYCHOTHERAPY NOTES

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

We may use or disclose your psychotherapy notes, as required by law, or:

- For use by the originator of the notes;
- In supervised mental health training programs for students, trainees, or practitioners;
- By the covered entity to defend a legal action or other proceeding brought by the individual;
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public;
- For the health oversight of the originator of the psychotherapy notes;
- For use or disclosure to coroner or medical examiner to report a patient's death;
- For use or disclosure to the Secretary of DHHS in the course of an investigation.

YOUR RIGHTS REGARDING MEDICAL AND/OR MENTAL/BEHAVIORAL HEALTH INFORMATION ABOUT YOU

You have the following rights regarding information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a copy of information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and obtain a copy of information that may be used to make decisions about you, you must submit your request in writing to the Veterans Home of California – Chula Vista, Attn: Medical Records, 700 East Naples Court, Chula Vista, CA 91911. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.



We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to mental health/behavioral information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by us. To request an amendment, your request must be made in writing and submitted to the Veterans Home of California – Chula Vista, Attn: Medical Records, 700 East Naples Court, Chula Vista, CA 91911. In addition, you may provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions by law.

To request this list or accounting of disclosures, you must submit your request in writing to the Veterans Home of California – Chula Vista, Attn: Medical Records, 700 East Naples Court, Chula Vista, CA 91911. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically).



The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. In addition, we will notify you as required by law following a breach of your unsecured protected health information.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.

If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Veterans Home of California – Chula Vista, Attn: Medical Records, 700 East Naples Court, Chula Vista, CA 91911. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Veterans Home of California – Chula Vista, Attn: Medical Records, 700 East Naples Court, Chula Vista, CA 91911. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.



You may obtain a copy of this notice at our website: www.calvet.ca.gov

To obtain a paper copy of this notice contact the Veterans Home of California – Chula Vista, Attn: Medical Records, 700 East Naples Court, Chula Vista, CA 91911.

OTHER USES OF MEDICAL HEALTH INFORMATION

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke the permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the California Veterans Home's designated Privacy Officer/Complaint Official listed below. You may also file a complaint with the U.S. Department of Health and Human Services, Region IX, Office of Civil Rights by sending a letter to: 90 7th Street, Suite 4-100, San Francisco, CA 94103, Attention: OCR Regional Manager; and/or by calling (800) 368-1019, faxing (415) 437-8329, TDD (800) 537-7697 or by emailing OCRComplaint@hhs.gov

Veterans Home of California – Chula Vista
700 East Naples Court
Chula Vista, CA 91911

Phone: (619) 205-1121

All complaints must be submitted in writing.

The California Veterans Home will not retaliate or otherwise penalize you if you file a complaint.



Notice of Privacy Practices
Acknowledgement of Receipt

Resident Name: _____

By signing this form, you agree that you received a copy of the *Notice of Privacy Practices* of the California Veterans Home. Our *Notice of Privacy Practices* tells you how we may use and disclose your protected health information. We ask that you read all of it.

I received a copy of the *Notice of Privacy Practices* of the California Veterans Home.

Date: _____ **Time:** _____ **Signature:** _____
Resident or Legal Representative

If signed by someone other than Resident, indicate relationship: _____

Print name: _____
Legal Representative

Office Use Only:

INABILITY TO OBTAIN ACKNOWLEDGMENT

Description of good faith effort and reason why Acknowledgment was not obtained:

Resident Name: _____

Good Faith Effort:

- ☐ Provided copy of notice to patient or legal representative
☐ Presented Acknowledgement to patient or legal representative for signature
☐ Other: _____

Reason(s) why the Acknowledgment was not obtained:

- ☐ Patient or legal representative refused to sign
☐ Other: _____

Provider Representative Signature: _____

Provider Representative Name: _____

Date: _____ **Time:** _____